

No. 2
2-45
7-39
K47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35961

FILED DEC 6 1948

State File No.

Registration District No. 73

Primary Registration District No. 4133

Registrar's No. 101

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Kearney
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME MARY ELLEN EVANS

3. (b) If veteran, name war ✓
3. (c) Social Security No. None

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph L. Evans
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 18- 1868
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 12
If less than one day _____ hr. _____ min.

9. Birthplace Liberty Clay Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ✓

MOTHER FATHER { 12. Name Emanuel Messick
13. Birthplace Ky
(City, town, or county) (State or foreign country)
14. Maiden name Emmy Lafont
15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph EVANS
(b) Address Kearney Mo

17. (a) Burial (b) Date thereof Nov-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kearney Mt Olivet Cem

18. (a) Signature of funeral director Leonard Fry
(b) Address Kearney

19. (a) 11-14-1948 (b) Minnie Haynes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24
(c) City or town Kearney 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12
year 1948 hour 12 minute 20 A. M.

21. I hereby certify that I attended the deceased from 10-23
1948 to 11-12, 1948;
that I last saw him alive on 11-11, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 24 hr
Duration

Due to Hypertensive Cardiorespiratory
muscle and

Due to previous cerebral 2 yr
hemorrhage.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy 42
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature St. Lawrence (M. D. or other) 0
Address Liberty Mo Date signed 11-14-48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number.....
2-3-48

Date Filed.....

APR 28 1950

REC 23 1949

NOV 23 1949

APR 28 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Kearney Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.